PSY26

COST OF TYROSINAEMIA TYPE ONE IN POLAND IN 2006

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OBJECTIVES: To calculate an exact cost of tyrosinaemia type 1 in Poland. **METHODS:** A retrospective medical documentation search and analysis was performed supplemented by information obtained from families. The project covered eight patients aged 2,5–12,5, treated conservatively in Poland according to international standards in year 2006. The analysis was performed from societal perspective. All direct medical, non-medical and indirect costs were included. In addition a questionnaire measuring comfort of life of ill children's parents was applied. **RESULTS:** A mean direct cost was calculated to be €56,096.64 (189 045.66 PLN) per patient. The division of cost groups was as follows: pharmacotherapy 86.5%, special diet 9.5%, hospitalization 2.5%, diagnostic tests 1% and transportation 0.5%. The indirect costs were €3277.4 (11,044.94 PLN) per patient. In this group resignation from work accounted for 94%, cost of additional care 5.5% and cost of complications 0.5%. The total yearly cost per patient was €59,374.18 (200 090.6 PLN) and the cost of illness in absolute terms was estimated at the level of €474,993.4 (1,600,727.70 PLN). A significant decrease of life quality was observed in all families with child suffering from tyrosinaemia type 1 included in this study. **CONCLUSIONS:** Despite a small number of diagnosed and alive Polish patients with tyrosinaemia type 1, as orphan disease—the condition is a substantial problem of medical, economic and social nature. Ex rate €1 = 3.37 PLN (20.06.2008).

PSY27

HEALTH CARE AND NON-HEALTH CARE RESOURCES UTILIZATION AND RELATED COSTS IN SUBJECTS WITH REFRACTORY PAIN ASSOCIATED TO NECK PAIN: A POST-HOC ANALYSIS OF THE EFFECT OF PREGABALIN IN A 12-WEEK PROSPECTIVE STUDY UNDER ROUTINE MEDICAL PRACTICE CONDITIONS

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OBJECTIVES: to analyze prospectively the effect of adding Pregabalin (PGB) on health care and non-health care resources utilization (HRU) and related costs evolution in the treatment of refractory Neck Pain under routine medical practice conditions. **METHODS:** Post-hoc analysis of a sample of patients above 18 years, with 6-month chronic Neck Pain refractory to, at least, one previous analgesic, included in a prospective, naturalistic, 12-weeks two-visit study. This analysis compared patients receiving PGB as an add-on therapy (PGB add-on) versus subjects receiving any other analgesic pattern not including PGB (non-PGB). Health care resources included all-type medical visits, hospitalizations, complementary tests and pharmacological/non-pharmacological therapies. Non-health care included wages loses due to loss-workdays equivalents (LWDE = absenteeism days + days working with reduced productivity due to pain). **RESULTS:** A total of 312 [65.3% women, 54.2 (12.1) years] patients were analyzed: 78.2% received PGB add-on and 21.8% non-PGB. Twelve weeks therapy with PGB add-on was associated with higher reduction in pain severity than in non-PGB yielding to a greater reduction in mean LWDE: 20.1 (23.1) vs. 8.2 (22.4); p = 0.014, which produced higher significant reductions in the indirect component of costs: €1041.0 (1222.8) vs. €457.3 (1,132.1), p = 0.028. The extra costs of PGB [€309.8 (193.2) vs. €26.4 (79.6), p < 0.001], was off-set by higher numerical reductions in the other component of health care costs producing similar direct cost reductions in both groups at the end of the study: €66.8 (1080.8) and €143.5 (1922.4), respectively; p = 0.295. **CONCLUSIONS:** Compared with adding other any drug, the addition of PGB to the treatment pattern of refractory Neck Pain was associated with higher lost work-day equivalent reduction which was translated into higher reduction in the indirect component of cost while maintaining similar level of health care costs despite the higher price of pregabalin.

PSY28

HEALTH CARE AND NON-HEALTH CARE RESOURCES UTILIZATION AND RELATED COSTS IN SUBJECTS WITH REFRACTORY PAIN ASSOCIATED TO LOW BACK PAIN: A POST-HOC ANALYSIS OF THE EFFECT OF PREGABALIN IN A 12-WEEK PROSPECTIVE STUDY UNDER ROUTINE MEDICAL PRACTICE CONDITIONS

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OBJECTIVES: to analyze prospectively the effect of adding Pregabalin (PGB) on health care and non-health care resources utilization (HRU) and related costs evolution in the treatment of refractory Low Back Pain (LBP) under routine medical practice conditions. **METHODS:** Post-hoc analysis of a sample of patients above 18 years, with 6-month chronic LBP refractory to, at least, one previous analgesic, included in a prospective, naturalistic, 12-weeks two-visit study. This analysis compared patients receiving PGB as an add-on therapy (PGB add-on) versus subjects receiving any other analgesic pattern not including PGB (non-PGB). HRU included all-type medical visits, hospitalizations, complementary tests, and all-types treatments. Non-health care included wages loses due to loss-workdays equivalents (LWDE = absenteeism days + days working with reduced productivity). **RESULTS:** Six hundred eighty-three patients [49.5% women, 55.0 (12.7) years] were analyzed: 82.6% received PGB add-on and 17.4% non-PGB. Twelve weeks therapy with PGB add-on was associated with higher reduction in pain severity than in non-PGB yielding to a greater reductions in mean LWDE: 19.1 (23.4) days vs. 12.0 (22.0); p = 0.002, which produced higher reduction in the indirect component of costs: €961.8 (1242.9) vs. €625.8 (1169.2), p = 0.004. The extra cost of PGB [€303.8 (175.8) vs. €37.1 (97.0), p < 0.001], was off-set by reductions in the other components of health care costs producing similar cost reductions in both groups at the end of the study: €29.7 (999.2) and €46.5 (1925.3), respectively; p = 0.540. Overall, PGB add-on therapy was associated with higher total cost reduction: €991.5 (1702.3) vs. €579.3 (2410.3); p = 0.023. **CONCLUSIONS:** Compared with adding other any drug, the addition of PGB to the treatment pattern of refractory Low Back Pain was associated with higher lost work-day equivalent reduction which was translated into higher reduction in the indirect component and in total costs while maintaining similar level of health care costs despite the higher price of pregabalin.